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Secretary of State
01-11-2008 90066 001 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004421

1. Entity Name
THE STUDLEY FAMILY FOUNDATION, INC.

40001850

Principal Place of Business	Mailing Address
19624 PLANTERS POINT DR BOCA RATON, FL 33434	19624 PLANTERS POINT DR BOCA RATON, FL 33434

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

City & State | City & State

Zip | Country | Zip | Country

010/2008 Chg-NF CR2E037 (12/06)

4. FEI Number
31-1479843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAGER, ROSS
1000 N HIATUS ROAD
PEMBROKE PINES, FL 33434

7. Name and Address of New Registered Agent

Name: ANDREW BRODY, CPA
Street Address (P.O. Box Number is Not Acceptable)
6175 NW 153rd Street #401
City: Miami Lakes FL Zip Code: 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: [signature] 1/7/2008
Signature of new or updated registered agent - required if applicable. NOTE: Registered Agent's signature required when reinstating. DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUDLEY, GARSON II 19624 PLANTERS POINT DR. BOCA RATON, FL 33434	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUDLEY, DONALD M 19624 PLANTERS POINT DR. BOCA RATON, FL 33434	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/7/08 (954) 431-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #